

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586194

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
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42		2		1		
43		2		1		
44		2		1		
45		2		1		
46	1			1		
47	1			1		
48		1		1		
49		2		1		
50	1			1		
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	49	←		←
TOTAL CLAIMS			56			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1	1			
52		1	1	1		
53		2	1	1		
54		2	1	1		
55		2	1	1		
56		2	1	1		
57	1					
58		1				
59		2				
60	1					
61		1				
62		2				
63	1					
64		1				
65		2				
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						